Campus Address	**Room**: Enter Mail Code; NOT campus room number. Used to deliver checks and surepay stubs. **Building**: Leave blank.
Campus Phone(s)	Telephone number(s) at which the employee can be reached.
Date of Birth	Entered on the EEID function
Home Phone	Enter home phone.
Spouse Name	Enter spouse name. (Optional)
UC Directory Disclosures	Leave blank to disclose, or enter 'N' in each field to NOT disclose.
Employee Organization Disclosures	Code indicating whether the employee has authorized the University to release their home address and home phone to employee organizations. Otherwise, these organizations will use campus address/phone. Leave blank to disclose, enter 'N' in each field to NOT disclose.
Sex	Code indicating the sex of the employee. (For reporting statistics of the University workforce only.) M = male and F = female.
Ethnic	Code indicating the ethnic identity of the employee. (For reporting statistics of the University workforce only.) Code from the Affirmative Action Data Transmittal
Disability	Code indicating that the employee has a disability status. (For reporting statistics of the university workforce only.) Code from the Affirmative Action Data Transmittal

Veteran	Code indicating employee's veteran status. (For reporting statistics of the University workforce only.) Code from the Affirmative Action Data Transmittal
Veteran Disability	Code indicating that the employee has a veteran disability status. (For reporting statistics of the University workforce only) Code from the Affirmative Action Data Transmittal
Citizenship Code	Code indicating the employee's citizenship status, with respect to the United States. Press F1 Help to see valid codes.
Student Status	Code indicating the employee's student status with the University of California (not including University Extension enrollment). Press F1 Help to see valid codes.
No. of Reg. Units	A system derived code indicating the number of UC class units in which an employee who is a UC student is registered.

2. Press **Enter** to invoke range/value edits.

3. Press **F11 Next Func** to continue to the next function.

- *Resources for information. These forms are to be retained in the department or dean's office.*

3. Have the employee complete relevant fields of the Non-Student Academic Initial Hire/Rehire Data Collection Document.

4. Prepare information for on-line entry. In the case of rehires of intercampus transfers send all collected information to Payroll for on-line entry. For rehires of student work study recipients, send all collected information to Student Employment for on-line entry.

Non-resident alien re-hires are entered by the Payroll Office. All forms are completed in the Service Center and forwarded to Payroll.

Data Entry

Enter data for rehiring an employee for an academic position via the AREH bundle. This bundle contains the following functions:

EEID (Employee Identification)

EPD1 (Employee Personal Data 1)

EPD2 (Employee Personal Data 2)

EPER (Personnel-Miscellaneous)

EAPP (Appointments/Distributions-Condensed)

XTAX (Tax Information)

EALN (Alien Information)

EACD (Academic Service)

EHON (Academic Honors)

Accessing the AREH Bundle

1. Log on to the Payroll/Personnel System.

2. At the **Next Func** field, type **EEDB** and press **Enter**.

3. Type **BUND** and press **Enter**.

4. Type **AREH** and press **Enter**.

The EEID function is displayed.

UC Directory Disclosures	Leave blank to disclose, or enter 'N' in each field to NOT disclose.
Employee Organization Disclosures	Code indicating whether the employee has authorized the University to release their home address and home phone to employee organizations. Otherwise, these organizations will use campus address/phone. Leave blank to disclose, enter 'N' in each field to NOT disclose.
Sex	Code indicating the sex of the employee. (For reporting statistics of the University workforce only.) M for male, F for female.
Ethnic	Code indicating the ethnic identity of the employee. (For reporting statistics of the University workforce only.)
Disability	Code indicating that the employee has a disability status. (For reporting statistics of the university workforce only.)
Veteran	Code indicating employee's veteran status. (For reporting statistics of the University workforce only.) Press F1 Help to see valid codes.
Veteran Disability	Code indicating that the employee has a veteran disability status. (For reporting statistics of the University workforce only)
Citizenship Code	Code indicating the employee's citizenship status, with respect to the United States. Press F1 Help to see valid codes.
Student Status	Code indicating the employee's student status with the University of California (not including University Extension enrollment). Press F1 Help to see valid codes.

No. of Reg. Units	System-derived code indicating the number of UC class units in which an employee who is a UC student is registered.

2. Press **Enter** to invoke range/value edits.

3. Press **F11 Next Func** to continue to the next function.

Appendix D: Description of Service (DOS) Codes

These DOS codes can be used in conjunction with distributions updated on the database.
Please contact Payroll and the appropriate Human Resources Office for guidance.

DOS code	Description	Description abbreviation
* ABP	STUDENT BONUS PAYMENT	STU BONUS PT
ACA	ADDL COMP-ADMIN	ADL COMP-ADM
ACU	ADD'L COMP UNEX-RATE	ADL UNX-RATE
* ADL	ADD'L COMP AMOUNT-UNEX	ADL UNX-AMT
ADM	ADMINISTRATIVE LEAVE	ADMIN LEAVE
* APA	ADDL COMP-ADMIN-BYA	ADL COMP-ADM
ASA	ADDL COMP-STAF & ACDEMIC	ADDCOMP+100%
* BIC	SAB LEAVE-BYA (C)	SAB-BYA-C
* BIT	SAB LEAVE-BYA(T)	SAB-BYA-T
* BSD	SHIFT DIFFERENTIAL SUB 1	SHIFT DIF S1
* BYA	BY AGREEMENT	BY AGREEMENT
* CPC	CERTIFICATION PAY POLICE	CERT PAY
CPT	REG CARPENTER	REG CARPTR
CSW	COMMUNITY SVC WORK-STUDY	COMM SVC W/S
* EAA	EXEC AUTOMOBILE ALLOWANCE	AUTO ALLOW
ELC	REG ELECTRICIAN	REG ELECTRCN
* FAP	FACULTY AWARD PROGRAM	FACULTY AWRD
* HAL	HOUSING ALLOWANCE	HSNG ALLWNCE
* HBC	HSCP-ADD'L COMP-BYA-C	HS-BYA-C
* HBT	HSCP BY AGREE-RET	HS-BYA-RT
HVA	REG HVAC MECHANIC	REG HVAC MEC
KEY	REG LOCKSMITH	REG LOCKSMTH
LCP	REG CARPENTER, LEAD	REG CARP, LD
LEL	REG ELECTRICIAN, LEAD	REG ELEC, LD

DOS code	Description	Description abbreviation
LHV	REG HVAC, LEAD	REG HVAC, LD
LKE	REG LOCKSMITH, LEAD	REG LOCK, LD
LNP	LEAVE NO PAY	LV NO PAY
LPB	REG PLUMBER, LEAD	REG PLUM LD
LPP	REG POWER PLANT OP, LEAD	REG PPO, LD
LPT	REG PAINTER, LEAD	REG PNTR, LD
LWP	LEAVE WITH PAY	LV WITH PAY
MIL	MILITARY LEAVE-SPEC PAY	MIL LV-SPEC
OCW	OFF CAMPUS WORK STUDY	OFF CMPS W/S
* OLM	ADD'L COMP-RESEARCH - AMT	ADL-RESEARCH
OLN	ADD'L COMP-RESEARCH	ADL-RESEARCH
* OLS	ADD'L COMP-TEACHING - AMT	ADL-TEACHING
OLT	ADD'L COMP-TEACHING	ADL-TEACHING
OTP	OVERTIME AT TIME & 1/2	OVTM- 1 1/2
OTS	OVERTIME AT STRAIGHT	OVTM-STR
PBR	REG PLUMBER	REG PLUMBER
PPO	REG POWER PLANT OPERATOR	REG PRPL OP
* PRH	PERQ-MEMO-HOUSING	PERQ-HSNG
* PRM	PERQ-MEMO-MEALS	PRM-MEMO-MLS
* PRQ	PERQUISITE-DEDUCTION	PERQ DED
PTR	REG PAINTER	REG PAINTER
REG	REGULAR PAY	REGULAR
SAB	SABBATICAL LEAVE	SABBAT LEAVE
SCP	REG CARPENTER SPECIALIST	REG CARP SP

* indicates a BY AGREEMENT DOS CODE - requires appointment rate code "B"

DOS code	Description	Description abbreviation
SDF	SHIFT DIFFERENTIAL	SHIFT DIFF
SEL	REG ELECTRICIAN SPECIALST	REG ELEC SPL
SHV	REG HVAC SPECIALIST	REG HVAC SPL
SKE	REG LOCKSMITH SPECIALIST	REG LOCK SPL
SLN	SABBATICAL LV NOT RESID	SAB LV NO RS
SLO	STAFFING LIST ONLY	STAFFING
SLR	SABBATICAL LV IN RESID	SAB LV IN RS
SLS	SABBATICAL LEAVE SUPP	SABB LV SUPP
* SMP	SUPPLEMENTAL MILITARY PAY	SUP MLTRY PY
* SMR	SUMMER DIFFERENTIAL STIP	STIP-SMR DIF
SPB	REG PLUMBER, SPECIALIST	REG PLUM SPL

DOS code	Description	Description abbreviation
* SPC	SPECIALTY PAY - POLICE	SPEC.PAY-POL
SPP	REG POWER PLANT OP, SPL	REG PPO, SPL
SPT	REG PAINTER SPECIALIST	REG PAINT SP
* STP	STIPEND	STIPEND
SWC	SAFETY WORKERS COMP	SAF WORK COM
* TID	TRAVEL OF INDEFINITE DUR	TRAVEL-IND
TOC	TIME ON CALL	TIME ON CALL
TYR	LECTURER-THREE YEAR	LECTUR 3 YR
* UNX	UNEX-AMOUNT	UNEX-AMOUNT
UXR	UNEX-RATED	UNEX-RATED
WOS	WITHOUT SALARY	WITHOUT SAL

* indicates a BY AGREEMENT DOS CODE - requires appointment rate code "B"

(For Office Use Only)
EMPLOYEE ID# : _____

Unit Contact (for actions which will be entered by the Payroll Office):
NAME: _____ **PHONE:** _____

UCSC Data Collection Document
NON-STUDENT ACADEMIC INITIAL HIRE / REHIRE (AHIR / AREH)
(Professor, Professional Research, Specialist, Postgraduate Research, Lecturer, Reader-Non Student, Course Asst.-Non Student, etc.)

Do not use for Intercampus Transfers

SECTION A - To be Completed by Employee - *Do not complete shaded areas*

EEID - Employee Identification

NAME: *First* _____ *MI* _____ *Last* _____

DATE OF BIRTH: _____
Month/Day/Year

EPD1 - Employee Personal Data 1

PERMANENT ADDRESS (*Where all benefits, tax documents [e.g., W-2], and payroll correspondence, will be mailed.*)
Line 1: _____
Line 2 *(if needed)* _____
CITY: _____ STATE: _____ ZIP: _____

If this is a foreign address, provide the following:
PROVINCE: _____ COUNTRY: _____ POSTAL CODE: _____

Where do you want your paycheck sent? (*This must be a campus address*): _____
(*To have your check direct-deposited to your bank account, request a Surepay form from your Personnel Rep.*)

To be completed by Personnel Rep:
MAIL CODE: *000*____ **(Enter as "Room" under Campus Address in system)**
NOTE::*Payroll Office will enter all Surepay information into the system.*

Please provide the following information, if known:
CAMPUS PHONE: 1)_____ 2) _____ E-Mail: _____
(Not entered in system)
HOME PHONE: (__)_____ SPOUSE NAME: _____

For University-related business, may the campus utilize your:

Home address ☐**Yes** ☐**N**o   Home Phone ☐**Yes** ☐**N**o   Spouse's Name ☐**Yes** ☐**N**o

Do you want to release the following information to Employee Organizations (Unions)?

Home address ☐**Yes** ☐**N**o   Home Phone ☐**Yes** ☐**N**o

SEX: ☐**M** ☐**F**   US CITIZEN? **(C)**☐Yes ☐No
(*If you are NOT a US citizen, you will need to complete additional forms.*)

Personnel Rep: *If employee is a **non-resident** alien, have the employee complete this document, but do NOT input into the system. Send this completed document, including appointment/distribution information in section EAPP, to the Payroll Office for input, along with other required forms listed at the end of this document.*

UC STUDENT STATUS: **(1)**☐Not Registered/Enrolled
(2)☐Not Registered/Enrolled Degree Candidate
(5)☐Not Registered/Enrolled; a Graduate Degree Candidate at another UC campus*

Personnel Rep: * *If the employee is registered/enrolled as a student on another UC campus, call the Career Center.*

LOCAL ADDRESS (*if different from permanent address*):   PERSON TO CONTACT IN CASE OF EMERGENCY
STREET ADDRESS: _____   NAME: _____

                                                     PHONE: (__) _____
CITY: _____   Street Address _____
STATE: _____ ZIP: _____   CITY: _____ STATE: __ ZIP: _____

RELATIVES EMPLOYED BY THE UNIVERSITY: _____
                              NAME   RELATIONSHIP   DEPARTMENT

EPD2 - Employee Personal Data 2

Personnel Rep: *Refer to the State Oath of Allegiance form to complete the **"Oath Signature Date"** and the I-9 (Employment Eligibility) form to complete and **"I-9 Date"**.*

HIGHEST DEGREE RECEIVED: ☐**N**one ☐**H**.S./equivalent ☐**T**rade Cert. ☐**A**ssociate ☐**B**achelors
(Education Level Code) ☐**M**asters ☐**P**rofessional ☐**D**octorate YEAR RECEIVED: _____
                                                              (Education Level Year)

WHO WAS YOUR LAST EMPLOYER? _____
If previously employed by UC, University DOE Labs, or the State of California, provide dates of employment:
UC / Univ. DOE Labs FROM: ____ TO: _____   WHERE? _____
                      mm/dd/yy   mm/dd/yy
State of California FROM: ____ TO: _____   WHERE? _____
                      mm/dd/yy   mm/dd/yy
Complete the following only if you are a <u>senate faculty member</u>:
CURRENT AREA(S) OF SPECIALIZATION: _____
FIELD OF STUDY IN WHICH HIGHEST LEVEL OF EDUCATION WAS ATTAINED: _____
INSTITUTION AT WHICH HIGHEST LEVEL OF EDUCATION WAS RECEIVED: _____

Personnel Rep: *Verify above dates before entering the following codes into the system.*
Non-UC Prior Service Code: _____
Prior Service Months: _____*(Leave blank, for future use only)*
Prior University Service Institution: _____
Employment Service Credit (# of months): _____*(Leave blank, for future use only)*
Employment Service Credit From Date: ___/___/___*(Leave blank, for future use only)*
Current Specialty Code: _____*(Leave blank, for future use only)*
Highest Degree Specialty Code: _____*(Leave blank, for future use only)*
Highest Degree Institution Code: _____

ELIC - License/Certification Data

Complete the following only if your position requires a license(s):
TYPE OF LICENSE/CERTIFICATE: _____ #: _____ RENEWAL DATE: _____
                                                                          mm/dd/yy
TYPE OF LICENSE/CERTIFICATE: _____ #: _____ RENEWAL DATE: _____
                                                                          mm/dd/yy

PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information: The principal purpose for requesting the information on this form is for payment of earnings, and for miscellaneous payroll and personnel matters, such as, but not limited to, withholding of taxes, benefits administration, changes in title and pay status, and to comply with State and Federal affirmative action requirements. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing ethnicity and veteran status is voluntary. There is no penalty for not completing that information. However, if an employee does not complete the information, the employee's supervisor or other appropriate official may attempt to do so. This information will be given to government agencies responsbile for civil rights laws if these agencies request such information.

Furnishing all information requested on this form other than the information noted in the above paragraph, is mandatory - failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the State and Federal governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Human Resources Offices and the campus Student Employment Services Office.

The officials responsible for maintaining the information contained on this form are: Staff and Academic Human Resources Managers at Campuses and the Office of the President, Student Employment Services Managers, Campus Department Managers, Campus Accounting Officers, or Campus Affirmative Action Officers.

I certify that the foregoing personal data are correct and that I have read and understand the privacy notification.

EMPLOYEE SIGNATURE: _____   DATE: _____

SECTION B - To be completed by Personnel Representative - *Have employee complete shaded areas*

EMPLOYEE NAME: _____

EPER - Personnel-Miscellaneous

*Refer to the Benefits Eligibility Level Indicator (BELI) Form to complete the **"Assigned BELI", "Effective Date",** and **"Status Qualifiers"** fields.*

Date of Hire **(mmddyy):** _____
Employee Relations Code **(i.e., A-G):** ____
Employee Relations Unit **(i.e., A7, IX, FX, etc.)**: ____
Next Salary Review Date **(mmyy):** _____
Home Department: _____

EAPP - Appointments/Distributions

*Completing this section is **OPTIONAL except** in the case of, hires/rehires of non-resident aliens, in which case this section **must** be completed and this document sent to the Payroll Office for input. For units opting to use this section as a notification to the employee of the terms and conditions of employment, complete this section, have the employee sign below, and provide them a copy, if requested.*

APPOINTMENT INFORMATION:

PROPOSED TITLE: _____ *(Not entered--system derived)*

APPT TYPE: **(5)** ☐Academic **(6)** ☐Per Diem   BASIS   PD. OVER

APPT BEGIN:_____   APPT END :_____   DURATION: **(T)**☐Tenured **(leave blank)**☐Other
⠀⠀⠀⠀⠀⠀mm/dd/yy⠀⠀⠀⠀⠀⠀⠀⠀mm/dd/yy

TITLE CODE: % FULL TIME: **(F)**☐Fixed **(V)**☐Variable

ANNUAL/HOURLY RATE: RATE: **(A)**☐Annual **(H)**☐Hourly **(B)**☐By Agreement

SCHEDULE: ☐**MO** ☐**MA**   TIME: **(A)**☐Positive **(T)**☐Exception **(W)**☐Without Salary   LEAVE CODE: ☐**F** ☐**D** ☐**E** ☐**N**

DISTRIBUTION INFORMATION: (Note: FIS Activity codes are entered in Project Code (PC) fields)
** For additional distribution lines, attach the *Additional Distributions DCD* to the back of this page.

Loc _	Account _____	Cost Center (CC) _____	Fund _____	Project/Activity_____	Sub
FTE __	Dist. % __	Pay Begin _____	Pay End _____	Step	
O/A ___	Rate/Am __	DOS _	PRQ __	DUC _____	WSP
Loc _	Account _____	Cost Center (CC) _____	Fund _____	Project/Activity_____	Sub
FTE __	Dist. % __	Pay Begin _____	Pay End _____	Step	
O/A ___	Rate/Am __	DOS _	PRQ __	DUC _____	WSP
Loc _	Account _____	Cost Center (CC) _____	Fund _____	Project/Activity_____	Sub
FTE __	Dist. % __	Pay Begin _____	Pay End _____	Step	
O/A ___	Rate/Am __	DOS _	PRQ __	DUC _____	WSP
Loc _	Account _____	Cost Center (CC) _____	Fund _____	Project/Activity_____	Sub
FTE __	Dist. % __	Pay Begin _____	Pay End _____	Step	
O/A ___	Rate/Am __	DOS _	PRQ __	DUC _____	WSP

I certify that the above terms and conditions of employment have been explained to me and I accept the position on the terms specified.

EMPLOYEE SIGNATURE _____   DATE _____

XTAX - Tax Information

RETIREMENT SYSTEM CODE: *System derived*   FICA ELIGIBILITY CODE: *System derived*

For tax information needed to complete this screen, refer to the W-4 form completed by the employee.

EALN - Alien Information

*For Permanent Residents (holders of a green card), enter **"PR"** as the **"Visa Type"**. For employees who have a Work Authorization Card, enter **"PR"** as the **"Visa Type"** and enter the work authorization expiration date as the **"Visa/Work Permit End Date"**. Do **not** complete for **non-resident** aliens. Instead, send a copy of this completed document, including appointment/distribution information in section "EAPP", to the Payroll Office for input, along with other required forms listed at the end of this document.*

(LEAVE BLANK, FOR FUTURE USE ONLY)   **EBCC - Background Check Data**

Type of background check: _____ Date:_____

Type of background check: _____ Date:_____

                         mm/dd/yy

(COMPLETE AT THE DISCRETION OF THE DIVISION)   **EACD - Academic Service**

*Total count for the entire academic year is posted at the beginning of the year (at time of hire). Circle quarters or months. (**Note:** Count quarters for academic-year appointees and count months for fiscal-year appointees).*

Quarters/Semesters/Months in 8-year Rule: *(Assistant Professors)*
 (include service at any UC campus in Assistant Professor and other titles, including visiting; see APM 133)
Quarters/Semesters/Months on 19900 Funds at Greater Than 50%: *(Adjunct Professors):*
Quarters/Semesters in Unit 18 Titles *(Lecturers and other Unit 18 titles)*: *(service on UCSC campus only)*
Quarters/Semesters as Teaching Assistant: as of:
                    mm/dd/yy

EHON - Honors Data

To be entered for faculty only. For information needed to complete this screen, refer to the faculty member's vita, resume and/or biography form.

Forms to be completed by the employee along with this document include:

☐ **W4 Form** -- University of California employee's Federal-State Withholding Allowance Certificate
☐ **I-9 Form** -- Employment Eligibility Verification
☐ **State Oath of Allegiance** (not required for non-citizens)
☐ **University of California Patent Policy**
☐ **Affirmative Action Data Transmittal**
☐ **Benefits Eligibility Level Indicator/ Status Qualifier Code - Assignment or Reassignment Form**
☐ **UCSC Employee Physician Designation Form** (inform student employees that the form is available and provide them a form, only if requested.)
☐ **Surepay Form** -- Authorization Agreement for Automatic Deposits (if employee opts for direct-deposit)
☐ **Non-Citizen Forms** - Permanent Residents: (Resident Alien)
        ☐ Certification of Citizenship and Visa Status (Attachment A)
        ☐ Copy of Resident Alien Card
       Resident: (Employment Authorization) or (has met the Substantial Presence Test)
        ☐ Certification of Citizenship and Visa Status (Attachment A)
        ☐ Copy of the employment authorization card (expiration date should be legible)
       ☐ Copy of any documents to substantiate being a resident for tax purposes
       Non-Resident:
        ☐ Certification of Citizenship and Visa Status (Attachment A)
        ☐ Copy of I-94 (front and back)
        ☐ Tax Treaty Statement (if applicable) - if India treaty, send employee to Payroll/Accounting
        ☐ Exemption from Withholding on Compensation for Independent Personal Services of a
         Nonresident Alien Individual (Form 8233) - required only if there is a tax treaty
        ☐ Copy of Certificate of Eligibility for Exchange Visitor (J-1) Status (IAP-66) or,
        ☐ Copy of Certificate of Eligibility for Nonimmigrant (F-1) Student Status

Distribution of Forms:
☐ Provide employee with appropriate informational handouts (Smoking Policy, Sexual Harrassment pamphlet, etc.)
☐ **W4, I-9, Oath/Patent, Surepay, Non-Citizen Forms** - Payroll Office.
☐ **Affirmative Action Data Transmittal Form -** Unit destroys after entering data into the system; except that for non-resident aliens, this form should be forwarded to Payroll.
☐ **Data Collection Document** - Retain in employee's personnel file; except that for non-resident aliens, forward original to the Payroll Office along with the forms noted above and retain a copy in the employee's personnel file.
☐ **Physician Designation Form** - Distribute per instructions on the form.

NOTE: Proposed revisions to this form must be reviewed by PPS Project personnel prior to being implemented.

(For Office Use Only)
EMPLOYEE ID# : _____

Unit Contact (for actions which will be entered by the Payroll Office):
NAME: _____ PHONE:_____

UCSC Data Collection Document
STUDENT ACADEMIC INITIAL HIRE / REHIRE (AUHI/AURH)
(Associate in--, Teaching Fellow, Teaching Assistant, Graduate Student Research, Reader-Student,
Remedial Tutor, Undergraduate Course Assistant, etc.)

Do not use for Intercampus Transfers

SECTION A - To be Completed by Employee - *Do not complete shaded areas*

EEID - Employee Identification

NAME: *First* _____ *MI* _____ *Last* _____

DATE OF BIRTH: _____
                   Month/Day/Year

ESEP - Separation
Personnel Rep: *For **rehires only**, DELETE any information in the **"Last Day on Pay Status", "Separation Date", "Reason"** and **"Destination"** fields.*

EPD1 - Employee Personal Data 1
PERMANENT ADDRESS (*Where all benefits, tax documents [e.g., W-2], and payroll correspondence, will be mailed.*)
  Line 1: _____
  Line 2 *(if needed)* _____
CITY: _____ STATE: _____ ZIP: _____

If this is a foreign address, provide the following:
PROVINCE: _____ COUNTRY: _____ POSTAL CODE: _____

Where do you want your paycheck sent? (*This must be a campus address*): _____
(*To have your check direct-deposited to your bank account, request a Surepay form from your Personnel Rep.*)

MAIL CODE: *000*_____ (*Enter as "Room" under Campus Address in system*)
NOTE::*Payroll Office will enter all Surepay information into the system.*

Please provide the following information, if known:
CAMPUS PHONE: 1)_____ 2) _____ E-Mail: _____
                                                        (Not entered in system)
HOME PHONE: (___)_____ SPOUSE NAME: _____

For University-related business, may the campus utilize your:
       Home address ☐Yes ☐No   Home Phone ☐Yes ☐No   Spouse's Name ☐Yes ☐No
Do you want to release the following information to Employee Organizations (Unions)?
       Home address ☐Yes ☐No   Home Phone ☐Yes ☐No

Personnel Rep:
*Refer to the Affirmative Action Data Transmittal form for **"Ethnic", "Disability", "Veteran",** and **"Veteran Disability"** Codes.*

SEX: ☐M ☐F   US CITIZEN? **(C)**☐Yes ☐No
                              (*If you are NOT a US citizen, you will need to complete additional forms.*)

Personnel Rep: *If employee is a **non-resident** alien, have the employee complete this document, but do NOT input into the system. Send this completed document, including appointment/distribution information in section EAPP, to the Payroll Office for input, along with other required forms listed at the end of this document.*

UC STUDENT STATUS: **(3)**☐Undergraduate
                    (4)☐Graduate Student
                    (6)☐Undergraduate Student at another UC campus*
                    (7)☐Graduate Student at another UC campus*

Personnel Rep: * *If the employee is registered as a student on another UC campus, call the Career Center.*

LOCAL ADDRESS (*if different from permanent address*):   PERSON TO CONTACT IN CASE OF EMERGENCY
STREET ADDRESS: _____   NAME: _____
                                                                      PHONE: (___)_____
CITY:_____   Street Address _____
STATE: _____ ZIP: _____   CITY: _____ STATE:___ ZIP: _____

RELATIVES EMPLOYED BY THE UNIVERSITY:_____
                                   NAME   RELATIONSHIP   DEPARTMENT

EPD2 - Employee Personal Data 2

Personnel Rep: *Refer to the State Oath of Allegiance form to complete the **"Oath Signature Date"** and the I-9 (Employment Eligibility) form to complete and **"I-9 Date"**.*

HIGHEST DEGREE RECEIVED: ☐**N**one ☐**H**.S./equivalent ☐**T**rade Cert. ☐**A**ssociate ☐**B**achelors
(Education Level Code) ☐**M**asters ☐**P**rofessional ☐**D**octorate   YEAR RECEIVED: _____
                                                                                      (Education Level Year)
WHO WAS YOUR LAST EMPLOYER? _____
If previously employed by UC, University DOE Labs, or the State of California, provide dates of employment:
UC / Univ. DOE Labs FROM:_____ TO:_____   WHERE? _____
                     mm/dd/yy   mm/dd/yy
State of California FROM:_____ TO:_____   WHERE? _____
                     mm/dd/yy   mm/dd/yy

Personnel Rep: *Verify above dates before entering the following codes into the system.*
Non-UC Prior Service Code: _____
Prior Service Months: _____*(Leave blank, for future use only)*
Prior University Service Institution: _____
Employment Service Credit (# of months): _____*(Leave blank, for future use only)*
Employment Service Credit From Date: : /   /   *(Leave blank, for future use only)*

PRIVACY NOTIFICATION

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University to provide the following information to individuals who are asked to supply information: The principal purpose for requesting the information on this form is for payment of earnings, and for miscellaneous payroll and personnel matters, such as, but not limited to, withholding of taxes, benefits administration, changes in title and pay status, and to comply with State and Federal affirmative action requirements. University policy and State and Federal statutes authorize the maintenance of this information.

Furnishing ethnicity and veteran status is voluntary. There is no penalty for not completing that information. However, if an employee does not complete the infomation, the employee's supervisor or other appropriate official may attempt to do so. This information will be given to government agencies responsbile for civil rights laws if these agencies request such information.

Furnishing all information requested on this form other than the information noted in the above paragraph, is mandatory - failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form may be used by various University departments for payroll and personnel administration, and will be transmitted to the State and Federal governments as required by law.

Individuals have the right to review their own records in accordance with University personnel policy and collective bargaining agreements. Information on applicable policies and agreements can be obtained from campus or Office of the President Staff and Academic Human Resources Offices and the campus Student Employment Services Office.

The officials responsible for maintaining the information contained on this form are: Staff and Academic Human Resources Managers at Campuses and the Office of the President, Student Employment Services Managers, Campus Department Managers, Campus Accounting Officers, or Campus Affirmative Action Officers.

I certify that the foregoing personal data are correct and that I have read and understand the privacy notification.

EMPLOYEE SIGNATURE: _____ DATE: _____

SECTION B - To be completed by Personnel Representative - *Have employee complete shaded areas*

EMPLOYEE NAME: _____

EPER - Personnel-Miscellaneous

ASSIGNED BELI: **(5)** Not Eligible   EFFECTIVE DATE: _____
                                                              mm/dd/yy

I have been informed that I am NOT eligible for health and welfare benefits on this appointment.

Employee Signature _____   **Date** _____

DATE OF HIRE: _____   EMPLOYEE RELATIONS CODE: _____ (**E** or **H**)
              mm/dd/yy

EMPLOYEE RELATIONS UNIT: _____ **(99** if ERC is E, **BX** if ERC is H)   HOME DEPARTMENT:

EAPP - Appointments/Distributions

*Completing this section is **OPTIONAL** <u>except</u> in the case of, hires/rehires of non-resident aliens, in which case this section <u>must</u> be completed and this document sent to the Payroll Office for input. For units opting to use this section as a notification to the employee of the terms and conditions of employment, complete this section, have the employee sign below, and provide them a copy, if requested.*

APPOINTMENT INFORMATION:

PROPOSED TITLE: _____ *(Not entered--system derived)*

APPT TYPE: **(5)** Academic   BASIS   PD. OVER

APPT BEGIN: _____   APPT END _____   TITLE CODE: _____
            mm/dd/yy   mm/dd/yy

% FULL TIME: **(F)**☐Fixed   **(V)**☐Variable   ANNUAL/HOURLY RATE:

RATE: **(A)**☐Annual   **(H)**☐Hourly   SCHEDULE: ☐**MO**   ☐**MA**

TIME: **(A)**☐Positive   **(T)**☐Exception   LEAVE CODE: **F**

DISTRIBUTION INFORMATION: (Note: FIS Activity codes are entered in Project Code (PC) fields)
** For additional distribution lines, attach the *Additional Distribution DCD* to the back of this page.

Loc __ Account _____ Cost Center (CC) ____ Fund _____ Project/Activity_____ Sub
FTE ____ Dist. % _____ Pay Begin _____ Pay End _____ Step
O/A _____ Rate/Amt _____ DOS ___ PRQ _____ DUC _____ WSP

Loc __ Account _____ Cost Center (CC) ____ Fund _____ Project/Activity_____ Sub
FTE ____ Dist. % _____ Pay Begin _____ Pay End _____ Step
O/A _____ Rate/Amt _____ DOS ___ PRQ _____ DUC _____ WSP

Loc __ Account _____ Cost Center (CC) ____ Fund _____ Project/Activity_____ Sub
FTE ____ Dist. % _____ Pay Begin _____ Pay End _____ Step
O/A _____ Rate/Amt _____ DOS ___ PRQ _____ DUC _____ WSP

Loc __ Account _____ Cost Center (CC) ____ Fund _____ Project/Activity_____ Sub
FTE ____ Dist. % _____ Pay Begin _____ Pay End _____ Step
O/A _____ Rate/Amt _____ DOS ___ PRQ _____ DUC _____ WSP

I certify that the above terms and conditions of employment have been explained to me and I accept the position on the terms specified.

EMPLOYEE SIGNATURE _____   **DATE** _____

XTAX - Tax Information

RETIREMENT SYSTEM CODE: *(Not entered--system derived)*   FICA ELIGIBILITY CODE: *(Not entered--system derived)*

For tax information needed to complete this screen, refer to the W-4 form completed by the employee.

(LEAVE BLANK, FOR FUTURE USE ONLY)   **EBCC - Background Check Data**

TYPE OF BACKGROUND CHECK: _____ DATE: _____

TYPE OF BACKGROUND CHECK: _____ DATE: _____

(LEAVE BLANK, FOR FUTURE USE ONLY)   **EACD-Academic Service**

Total count for the entire academic year is posted at the <u>beginning</u> of the year (at time of hire).

QUARTERS/SEMESTERS AS TEACHING ASSISTANT: _____   AS OF:_____

Forms to be completed by the employee along with this document include:

- ☐ **W4 Form** -- University of California employee's Federal-State Withholding Allowance Certificate
- ☐ **I-9 Form** -- Employment Eligibility Verification
- ☐ **State Oath of Allegiance** (not required for non-citizens)
- ☐ **University of California Patent Policy**
- ☐ **Affirmative Action Data Transmittal**
- ☐ **UCSC Employee Physician Designation Form** (inform student employees that the form is available and provide them a form, <u>only if requested</u>.)
- ☐ **Surepay Form** -- Authorization Agreement for Automatic Deposits (if employee opts for direct-deposit)
- ☐ **Non-Citizen Forms** - <u>Permanent Residents</u>: (Resident Alien)
  - ☐ Certification of Citizenship and Visa Status (Attachment A)
  - ☐ Copy of Resident Alien Card
  - <u>Resident</u>: (Employment Authorization) or (has met the Substantial Presence Test)
  - ☐ Certification of Citizenship and Visa Status (Attachment A)
  - ☐ Copy of the employment authorization card (expiration date should be legible)
  - ☐ Copy of any documents to substantiate being a resident for tax purposes
  - <u>Non-Resident</u>:
  - ☐ Certification of Citizenship and Visa Status (Attachment A)
  - ☐ Copy of I-94 (front and back)
  - ☐ Tax Treaty Statement (if applicable) - if India treaty, send employee to Payroll/Accounting
  - ☐ Exemption from Withholding on Compensation for Independent Personal Services of a Nonresident Alien Individual (Form 8233) - required only if there is a tax treaty
  - ☐ Copy of Certificate of Eligibility for Exchange Visitor (J-1) Status (IAP-66) or,
  - ☐ Copy of Certificate of Eligibility for Nonimmigrant (F-1) Student Status

Distribution of Forms:

- ☐ Provide employee with appropriate informational handouts (Smoking Policy, Sexual Harrassment pamphlet, etc.)
- ☐ **W4, I-9, Oath/Patent, Surepay, Non-Citizen Forms** - Payroll Office.
- ☐ **Affirmative Action Data Transmittal Form -** Unit destroys after entering data into the system; except that for non-resident aliens, this form should be forwarded to Payroll.
- ☐ **Data Collection Document** - Retain in employee's personnel file; except that for <u>non-resident aliens,</u> forward original to the Payroll Office along with the forms noted above and retain a copy in the employee's personnel file.
- ☐ **Physician Designation Form** - Distribute per instructions on the form.

NOTE: Proposed revisions to this form must be reviewed by PPS Projects prior to being implemented.